

# Overtime Payment Form

**Please Check the following**

<input type="checkbox"/> NAPE	<input type="checkbox"/> 12 month	<input type="checkbox"/> Labrador
<input type="checkbox"/> CUPE	<input type="checkbox"/> 10 Month	<input type="checkbox"/> Western
<input type="checkbox"/> NUMM	<input type="checkbox"/> Casual	<input type="checkbox"/> Central
		<input type="checkbox"/> Eastern

EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_

PAY PERIOD ENDING DATE \_\_\_\_\_ WORK LOCATION/SCHOOL \_\_\_\_\_

POSITION \_\_\_\_\_

REGULAR SHIFT WORKED \_\_\_\_\_

**Shift/Weekend Differential Hours:**  
Please indicate the hours worked between 4:00 PM and 8:00 AM

Please indicate your regular shift worked:  
ie 8:30 am - 4:30 pm or 11:00 am to 7:00 pm

WEEK #1	Date	Time From	Time To	Overtime 1.5	Overtime 2.0	Shift/Wkd Diff	Bank OT Y or N	Overtime pre-approved by	Capital Project Code (Fund2)	Bill to school	School / Location	Justification for Overtime
THU												
FRI												
SAT												
SUN												
MON												
TUE												
WED												
<b>WEEK #2</b>												
THU												
FRI												
SAT												
SUN												
MON												
TUE												
WED												
<b>Total Hours</b>												

Supervisor/Manager Approval: \_\_\_\_\_

Print Name

Signature

Manager/Director Approval: \_\_\_\_\_

Print Name

Signature

Employee Signature: \_\_\_\_\_

**Please note incomplete overtime time sheets will not be processed.**